RECEIVED
CENTRAL FAX CENTER

I	FA	X	TR	AN	SV	ATSS		N	ľ
ľ							\mathbf{x}	$F \perp V$	ı

FEB 1 0 2004

DATE:

Feb. 10, 2004

PTO IDENTIFIER:

Application Number

er 10/621,399-Conf. #2449

Patent Number

Inventor:

Koji Yonehara et al.

MESSAGE TO:

US Patent and Trademark Office

FAX NUMBER:

(703) 872-9306

FROM:

CONNOLLY BOVE LODGE & HUTZ LLP

Burton A. Amernick

PHONE:

(202) 331-7111

Attorney Dkt. #:

21581-00298-US1

PAGES (Including Cover Sheet):

٩

CONTENTS:

Four Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);

Response to Notice to file missing parts, copy of Notice, Dec/POA;

Fee Transmittal (1 page);

Certificate of Transmission under 37 CFR 1.8 (1 page); and

Charge \$1,610.00 to deposit account 22-0185.

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (202) 331-7111 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

CONNOLLY BOVE LODGE & HUTZ LLP

PTO/SB/97 (12-97)

Approved for use through 9/30/00, OMB 0651-0031 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reguction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Certificate of Transmission Under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

Signature

Debra Bennett

Typed or printed name of person signing Certificate

Each paper must have its own certificate of transmission, or this certificate Note: must identify each submitted paper.

Four Month Request for Extension of Time Under 37 CFR 1.136(a) (1

Response to Notice to file missing parts, copy of Notice, Dec/POA;

Fee Transmittal (1 page);

Certificate of Transmission under 37 CFR 1.8 (1 page); and

Charge \$1,610.00 to deposit account 22-0185.

PTO/SB/17 (10-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Onder the Paperwork Reduction Act of 1895, no persons are req	urea to	respond	10 8 00	Hection	oi intomial	ion unless it	displays a velid OMB co	ontrol number
FEE TRANSMITTAL		Complete If Known				Known		
I LE MANDIMITIAL	-	Application Number			ber	10/621,399-Conf. #2449		
for FY 2004		Filing Date First Named Inventor Examiner Name		July 18, 2003 Koji Yonehara Not Yet Assigned				
Effective 10/01/2003, Patent fees are subject to annual revision.								
The state of the s								
Applicant claims small entity status. See 37 CFR 1.27	Art Unit			1764				
TOTAL AMOUNT OF PAYMENT (\$) 1,610.00	Attorney Docket No. 21581-00298-US1				00298-US1			
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)							
Check Credit Money Other None								
X Deposit Account:								
Deposit Account 22-0185	Large Entity Small Entity Fee Fee Fee Fee							
Number 22-0163	Code	(\$)	Code	Fee (\$)		Foe De	scription	Fee Paid
Deposit Account Connolly Bove Lodge & Hutz LLP	1051	130	2051	65	Surcharge	e – late filing	fee or oath	
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge	s – late provi	sional filing foe or cover	
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130		lsh specifical	ion	-
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812		_	_	x pārie reexamination	
	1804	920*	1804	920*	Requestin	Ig publication	of SIR prior to	
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805		Examiner	action ig publication	of SIR after	185
FEE CALCULATION	1251	110	2251	55	Examiner	action	hin first month	
1. BASIC FILING FEE	1252	420	2252	210			nin second month	
Large Entity Small Entity	1253	950	2253	475			nin third month	
Fee Fee Fee Fee Paid Code (\$) Code (\$)	1254	1,480	2254	740			in fourth month	1,480,00
1001 770 2001 385 Utility filing fee	1255	2,010	2255	1,005			in fifth month	
1002 340 2002 170 Design filing fee	1401	330	2401	165	Notice of A			
1003 530 2003 265 Plant filing fee	1402	330	2402	165	Filling a bri	ef in support	of an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403	145	Request fo	r oral h o arin	· ·	
1005 180 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to	institute a pu	iblic use proceeding	
SUBTOTAL (1) (\$) 0.00	1452	110	2452	55		rovive – una		
	1453	1,330	2453	665	Petition to	revive - unim	tentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	-	fee (or reis:	suc)	
Claims below Fee Paid	1502	480	2602	240	Design Isa	-		
Total Claims 20 -20** = x = 0.00	1503	640	2503	320	Plant Issue			
Claims	1460	130	1480	130	Petitions to	the Commis	ssioner	
Multiple Dependent	1807	50	1807	50	Processing	fee under 3	7 CFR 1,17(q)	
Large Entity Small Entity	1806	180	1806	180	Submission	1 of Informati	on Disclosure Simt	
Fee Fee Fee Fee Code (\$) Fee Description	8021	40	8021				assignment per of properties)	
1202 18 2202 9 Claims in excess of 20	1809	770	2809	***	Filing a sut	mission afte	r final rejection	
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim. If not ealer	1810	770	2810	385		dditional Inve		
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	1801	770	2801			37CFR 1,129	,	
over original patent	1902	900	1802		_	oxpaditad e	Examination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		,		500	of a design	application	20 or 30 mos. from	
	Other fe		_	017	priority date	•		130.00
**or number previously paid, if greater; For Reissues, see above	*Reduced by Saste Filing Fee Paid SUBTOTAL (3) (\$) 1.510.0						1,510.00	
SUBMITTED BY (Complete (# applicable))								
	Registrat		24,8	352		Telephone	1.	\dashv
Signature 19	Attorney	Agen()	1,0					
The state of the s						Date	2-10-04	